Agenda

Research and Office of Integrated Veteran Care (IVC) Meeting

Friday, Mar 1, 2024 at 12:00PM EST

Agenda

| # | Topic | Lead Speaker |
| --- | --- | --- |
| 1 | Update in IVC’s leadership change and potential impact to ACCENT | Dr. Sachin Yende |
| 2 | Mini-SOTA in place of in-person conference (e.g. quality of non-VA care) | Dr. Kristin Mattocks |
| 3 | **Assessing the Quality of Community Obstetrical Care for Veterans** | Dr. Aimee Kroll-Desrosiers |

Action/Follow-up Items

|  | Action Item | Date Assigned | Person | Due Date | Status |
| --- | --- | --- | --- | --- | --- |
| 1 | Dr. Kristin Mattocks will connect with Dr. Sachin Yende and IVC team to plan virtual mini-SODA conference on quality of non-VA care | 3/1/2024 | Dr. Kristin Mattocks | NA | Not started |

Published Papers:

NA

**Meeting Minutes:**

* Leadership changes at IVC
  + Dr. Lapuz has stepped down as AUSH, Hillary Peabody is acting AUSH, Mike Pappas is acting DAUSH and will be in that role until at least June, Cindy Heaton is now the acting Executive Director for IEN, all other IVC leadership roles remain the same.
  + IVC is aiming for FY2024 funds for pilot research programs to be available by May.
* Virtual mini-SODA conference
  + Planning to virtually bring together research and policy to tackle the issue of quality of non-VA care. Dr. Yende noted that it may be beneficial to pull members of Dr. Cox’s office into this conversation.
* Assessing the quality of community obstetrical care for Veterans
  + The number of deliveries paid for by VA continues to grow, 4000% increase from 2003
  + Data was pulled from an existing cohort study, including 624 veterans who delivered at 252 unique hospitals
  + >99% had acceptable quality indicator for elective deliveries
  + 55% had acceptable quality indicator for all perinatal care metrics
  + Exclusive breastfeeding has the highest poor quality ratings
  + **Question**: How was the quality metric calculated? The metric was developed by the National Quality Forum, it is publicly available data.
  + **Question**: If a Veteran is referred to a hospital with a poor-quality rating, is there another hospital in the area with a better rating that the Veteran can be referred to instead? This will be a next step for additional research. Noting, geography plays a large role in how many obstetrical care options Veterans have.
  + The referral to community care is not always a clinical decision. The question was posed to strategize on potential incentives/disincentives that can be developed to ensure Veterans are being steered to the right provider.
  + Dr. Mattocks noted the importance of recognizing the progress that has been made while acknowledging there is more that needs to be done.